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*Du sommeil non naturel, et ses diverses formes.* H. BARTH. Paris, 1887, 186 pp.

This thesis contains a valuable bibliography upon hypnotism, which is treated as a proteiform malady of sleep, a common nervous diathesis. It is hereditary, a dynamic equivalent of convulsions in children, hysteria in adolescent girls, of neurasthenia generally, and perhaps of exophthalmic goitre, hypochondria, epilepsy, paralysis, which latter are often found in the ascendant. Pathological sleep may begin in an attack of simple noctambulism, consecutive to violent moral preoccupation, or in childhood in a cataleptic crisis resulting from worms, or later in ecstasy, lethargy, etc., but always must originate in a neuropathic basis. All the maladies of sleep can be artificially produced in hypnotism. A functional debility causes loss of harmony among the nervous faculties so that some centres react abnormally, either by inhibition or dynamogenesis. This dissociation of cerebral functions is greater than in normal sleep. Thus arise those paradoxical states which seem so extraordinary and mysterious. The physiological explanation of these purely nervous facts, which are strictly in accordance with scientific facts, should be far more widely diffused. The effort of Maury, Despine and others to trace certain resemblances between these states and those produced by certain narcotic and anaesthetic substances, with a view to inductions concerning the pathological physiology of morbid sleep, has not been successful.

*Les anaesthesies hysteriques des muqueuses et des organes des sens, et les zones hysterogenes des muqueuses.* L. LICHTWITZ. Paris, 1887, 182 pp.

The author, who dedicates his work to Professor Pitres, is an otologist and laryngologist, and his work is characterized by admirable diligence and scrupulous attention to details. The buccal mucous surfaces, the palate, nasal fossae, larynx, external meatus, tympanum and middle ear, conjunctiva and cornea, and finally organs of taste, smell and hearing were tested. The author finds that in hysterical subjects, anaesthesia of mucous surfaces almost always occurs with dermal anaesthesia, but was never observed to be completely unilateral over all the mucous surfaces. Tympanic sensibility plays no role in auditive orientation. The cartilaginous part of the eustachian tube seems never to be entirely anaesthetic. These tests were made by pressure, pricking and heat. The gustative field is often reduced. Parageusia is most common for sapid substances. Anosmia is more often unilateral, and although usually accompanied by anaesthesia of the adjacent mucous surfaces, seems less closely associated with dermal insensibility than is ageusia. Auditory anaesthesia has no rapport with that of the skin. Again, of eleven hysterical subjects, six had hysterogenic zones on the mucous surfaces. These seemed most common in the naso-pharyngeal region. Those with mucous also have dermal zones, and the former are often bilaterally symmetrical. Although ordinarily constant, these zones sometimes change their nature and appear and disappear quite suddenly. These points have not only high diagnostic significance, but their discovery is of great etiological and therapeutic value in such cases. By testing for such points, accidents in operations may be avoided. Chemical and electrical agents often excite them.